

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION SCHOOL IMPROVEMENT – FEDERAL GRANTS MANAGEMENT PO BOX 480, JEFFERSON CITY MISSOURI 65102-0480

SINGLE-FUNDING CERTIFICATION

SCHOOL DISTRICT NAME		COUNTY-DISTRICT CODE
DISTRICT (Program) CONTACT		FORM DUE DATE
SING	LE-FUNDING CERTIF	TICATION
	ble for audits and review d) paid solely with federal funds (for example, luring a monitoring visit by a staff member of
program for the period covered by the certification	ported by periodic certifications. These certifications	expected to work solely on a single Federal ons that the employees worked solely on that swill be prepared at least semi-annually and will wledge of the work performed by the employee."
I,(Name and Job Title)	certify that 100% of m	y time has been spent
performing duties associated with(Nar	ma of Funding Source)	for the period of
July 1 through December 31 or January 1, th	arough June 30, of the current	nt year.
(Please indicate, by circling or underlining, the period	of time certified.)	
Employee Signature	Date	
Supervisor Signature (optional)	Date	
DIRECTIONS		
Questions, contact: Phone: (573) 526-5658; Fax at: dese.mo.gov	x: (573) 526-6698; or e-mail to	b: webreplyfedpro@dese.mo.gov Visit DESE's website
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